

A Guide to Shared Decision-Making in Ulcerative Colitis

Create an Open Space for Discussion¹

- Review a patient's medical record before their first visit
- Understand patient-centered goals to advise on the best treatment plan
- Support your patients to improve overall quality of life

Examples:

- What do you hope to achieve from treatment?
- How can we achieve this together?

Tailor Your Language to Meet Patients Where They Are

Aim for a mutual understanding between yourself and the patient:

- Use patient-friendly terms¹
- Ask open-ended questions when possible¹

Be mindful:

The average patient reads at an eighth-grade level and 20% of patients read at or below a fifth-grade level².

Build a Trusting and Communicative Relationship with Patients

Actively listen when taking the patient's history and **ask clarifying questions** when needed to ensure patients feel heard and understood¹.

For example³:



Maintain eye contact



Allow time for contemplation



Make gestures to show you are following along (e.g., head nods)



Repeat back what you heard

Determine the symptom with the greatest impact on the patient's life and ask about symptom-modifying factors¹.

- Onset
- Urgency
- Duration
- Frequency
- Pain description
- Workplace impact
- Lifestyle impact

Examples¹:

- Is the abdominal pain sharp or crampy, dull and achy, or pressure-like?
- What makes the symptoms better or worse?
- What does a good day look like for you?

Ask About All Symptoms of Ulcerative Colitis⁴

✓ Bowel urgency

✓ Rectal bleeding

✓ Stool frequency

✓ Weight loss

✓ Abdominal pain

✓ Fatigue⁵

✓ Tenesmus (a sense of pressure)

✓ Extraintestinal manifestations (e.g., joint, skin, ocular, oral)

Example Questions to Start the Conversation

What does your typical day look like?

How does ulcerative colitis impact your daily activities?

What is your most bothersome symptom?

What are your goals?

What does clinical remission mean to you?